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3 5M 8-16-35

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *100

Place of Birth Globe
(Registration District)County GilaNo. 670. N. Hughes St.

SEX OF CHILD*

maleTwin
Triplet
or other?

and

Number*
in order
of birth6

DATE OF BIRTH*

October71915

(Month)

(Day)

(Year)

FULL
NAME

FATHER

James Bennett RichardsFULL
MAIDEN
NAME

MOTHER

Beatrice Frances StoremanI HEREBY CERTIFY that the child described herein has
been namedRaymond Nicholas Richards
(Give name in full)Beatrice Frances Richards
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

Form X

992-1007-225